

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/965,374
Filing Date	September 26, 2001
First Named Inventor	Jeffry Harlow LOUCKS
Art Unit	2195

Examiner Name Jennifer N. To

Total Number of Pages in This Submission

Attorney Docket Number PALM-3612

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal (pages)	<input type="checkbox"/> Drawings – FIGS. 1- (pages)
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<input type="checkbox"/> Reply to Office Action (pages)	<input type="checkbox"/> Terminal Disclaimer (pages)
<input type="checkbox"/> After Final	<input type="checkbox"/> Request for Refund (pages)
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<input type="checkbox"/> Information Disclosure Statement (2 pages)	<input type="checkbox"/> Notice of Appeal (pages)
<input type="checkbox"/> Form PTO/SB/08A (1 page)	<input checked="" type="checkbox"/> Appeal Brief (pages)
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<input type="checkbox"/> Response to Notice to File Missing Parts (pages)	<input type="checkbox"/> Change of Attorney Docket Number (1 page)
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<input type="checkbox"/> Copy of Notice (pages)	
<input type="checkbox"/> Assignment Cover Sheet (pages)	Remarks:
<input type="checkbox"/> Fully-Executed Assignment (pages)	
<input type="checkbox"/> Revocation of Power of Attorney, Grant of New Power of Attorney, and Change of Correspondence Address (2 pages)	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Law Office of Thomas M. Isaacson

Signature 

Printed Name Thomas M. Isaacson

Date January 27, 2006

Reg. No. 44,166

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this Transmittal Form and the above-identified correspondence are being facsimile transmitted to the USPTO's Central FAX Number (571-273-8300) of submitted via the EFS system on the date shown below:

Signature 

Typed or printed name Thomas M. Isaacson

Date January 27, 2006